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Dedication

This piece of work is dedicated to the most important couple in my life; my parents, Omar and Marilene Oliveira. You are my role model for your strong inspiring partnership, active and successful aging.

Abstract

This 12-month longitudinal study obtained interview data on retired spouses as part of a larger study on motivation to exercise. In-depth narratives from both husband and wife show the simplicity and fragility of communications used to organize a daily physical activity such as walking. While this particular couple is not likely representative of other couples, the in-depth analytical process of how elders "just fit it in" provides rich description and an inside perspective on husbands' and wives' retirement behavior. The questions addressed include: How do retired spouses negotiate plans for active living in their day? What challenges derail their plan for active living in retirement? The findings show that negotiating physical activity in the daily life of retired spouses takes different and complex forms; such as verbal, subtle negotiations that reflect the dynamic of the couple in terms of leadership and spousal support.

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First, I want to thank the Centre for Health Promotion Studies and my supervisory committee members, for your encouragement and guidance throughout these years, which reflect on the quality of this piece of work.

Secondly, I want to thank the "couple", for sharing your lives with me during this year, and making my study possible.

Thirdly, I want to thank my wonderful family, for dreaming with me, and supporting my dreams, such as achieving my Masters in Canada. A special thank to my beautiful daughter, Leticia Oliveira, for being my best friend and a great support during the most difficult times in my life.

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TABLE OF CONTENTS

CHAPTER I: Introduction 1

CHAPTER II: Literature Review 5

Aging and Active Living 5

Aging Demographics 8

Successful Aging: Luck or Lifestyle? 9

Barriers to Undertaking Physical Activity for Seniors 10

Understanding Behaviour Change: Social Cognitive Theory 13

Social Support for Physical Activity 14

Interpersonal Relationships 15

Marriage partnership 15

Family Influences in Physical Activity Participation 17

Spousal Influences in Physical Activity Participation 17

Research Questions 19

CHAPTER III: Methods 20

Larger Study 20

Couple Study Rationale 21

Qualitative Methods: Review 23

Case Study 24

Participants 25

Data Collection 25

Data Recording 27

Data Analysis and Interpretation 27
Data Verification 29
CHAPTER IV: Results 31
Individuals' Stories 31
John's Story 31
Six-month Interview 33
One Year Later 36
John's Final Questions 43
Marilyn's story 44
Six Months Later 54
One Year Later 59
CHAPTER V: Discussion 66
Couple's story 66
Complex social dynamics 66
Diminished Negotiation 68
Overcoming Life Disruptions 69
Conclusions and Implications for Research and Practice 70
Limitations of the Study 71
References 73
Appendix A: Interview Guide for Older Adults 78
Appendix B: Final Questions 89
Appendix C: Consent Form 90

List of Figures

Figure 1: John's physical activity level chart.....39

Figure 2: Marilyn's physical activity level chart.....61

List of Tables

Table 1: Chronology of SCBOAPA Research Events 20

Chapter I: Introduction

"New evidence suggests that insufficient social support for exercise in late life is a key barrier to participation among older adults" (O'Brien Cousins, 1995. p. 273)

According to the World Health Organization (2004) "ageing can be viewed as a continuous process of progressive change in all structures and functions of the body: the impact of such changes on a person's quality of life is largely dependent on the social and cultural milieu". Where people live, and how they view and perceive their aging process has a different impact on each individual, on their health, well-being, and ultimately society as a whole (McPherson, 1998). Psychological, emotional, cognitive and social changes may occur throughout the aging process (Hooyman & Kiyak, 1996). For instance, people choose or are compelled to live different lifestyles according to external and internal forces and motives, such as cultural traditions, social and personal values, and beliefs, which are likely to have an impact on their lifestyles. While some will lead inactive, sedentary lifestyles, as a matter of course, for others this may not occur until their later years.

Sedentary living in retirement is well documented as being detrimental to overall health, as it doubles the risks of health problems (Sallis & Owen, 1999). Evidence has shown that physical inactivity contributes to chronic disorders and the social burden of disease (e.g., coronary heart disease, stroke, diabetes, some types of cancer, etc). Conversely, active living in retirement is critical for healthy aging (Health Canada, 2006). The health benefits of regular physical activity in

the later years include not only improvements in overall health but also help to maintain social functioning, enjoyment and overall quality of life (Canada's Physical Activity Guide for Older Adults, 1999).

Health authorities and agencies have attempted to embrace a health promotion approach that encourages people to engage in more active lifestyles, such as participating in exercise programs, (or sports) and daily activities with appropriate levels of physical demand, walking or cycling instead of driving a car, or using stairs instead of elevators (Health Canada, 2006). Canada's Physical Activity Guide for Older Adults (1999) recommends engaging in moderate exercise for at least 30 minutes or light exercise for about 60 minutes everyday (Marcus & Forsyth, 2003; Health Canada, 2006). Despite research evidence and national campaigns for the promotion of health and active living, the majority of Canadians aged 65+ are low active or inactive persons (McPherson, 1998;O'Brien Cousins, 1997; Statistics Canada, 2002-01).

Ageism, lack of confidence, low self-esteem, and low income, are examples of internal and external forces that affect people's behavior throughout the aging process (O'Brien Cousins, 1998; Bouchard, Shephard, Stephens, Sutton, and McPherson, 1990; Dishman, 1990). These examples are social, psychological and economic factors that contribute to declining motivation to exercise, and participation in physical activity in older age (Dishman, 1990; Stephens & Casperson, 1994).

There are theories explaining the interactions of individuals with their social and physical environments, which form a basis for understanding people's

behaviors. For instance, the Social Cognitive Theory (SCT) postulates a triadic reciprocal interaction between individuals' beliefs about exercise and the influence of culture and personal experiences (Bandura, 1989; O'Brien Cousins, 2003). According to SCT, social support is a powerful reinforcer and plays an important role in motivation and effort when engaging in activities (Bandura, 1989). Social support is defined as encouragement individuals receive from the social environment, which may involve relationships with family, spouses, friends, physicians, etc (O'Brien Cousins, 1995).

Spousal support is well documented as being beneficial for general psychological and physical health (Noller & Feeney, 2002; Burke et al, 2004), and participation in physical activity in older age (Sherbourne, & Hays, 1990; Ducharme, 1994; O'Brien Cousins, 1995; Pienta et al, 2000). If spousal support is key to successful late life engagement in physical activity, more research is needed to identify how couples' dynamic inter-relationship, including social roles, daily responsibilities, and personal expectations about physical activity influence their decisions to engage in exercise. Previous studies have provided little insight into the influence of these factors. What does spousal support look like? Sound like? How do partners integrate their active living plans into their day? What are the interpersonal barriers facing spouses? How do they help or hinder each other to keep active?

This preliminary, intervention-focused study was designed to demonstrate the feasibility of exploring a retired couple's readiness to participate in physical activity and the negotiation process in which they engaged. As such it is a

beginning, a launching point for future work that would expand on this concept and issues surrounding choice and compromise.

Chapter II: Literature Review

This literature review was conducted after an extensive selection process utilizing various search mechanisms. Those mechanisms included electronic searching from library databases (i.e., MEDLINE, PubMed, PsycINFO, etc) using the following keywords: physical activity, exercise, negotiation, interpersonal relationships, couple, marriage, family, etc; also, website searches by article titles and authors were carried out through www.google.ca and e-scientific journals. Hand search in the university libraries, other bibliography resources from other faculties, and in the Gerontology lab rounded out the literature search process. These processes provided sources with theoretical support to describe aging, active living and support for physical activity in the context of the family unit.

Aging and Active Living

Aging can be defined as a gradual and multifaceted process of changes throughout the life-course, which involves biological, psychological and social changes in individuals and in their social environment (McPherson, 1998). People do not experience aging in the same way. "*Older people vary as much in health, vigor, performance, and mental outlook as do young or middle-aged people*" (Harris & Cole, 1980, p.23). The constant influence of internal and external factors, such as genetics, gender, culture, social status contributes to the variability. Commonly, aging is viewed as a series of natural declines (negative aspects) rather than emphasizing the human potential for aging well. However,

many seniors adjust well maintain active living and age successfully (Bearon, 1996).

Successful aging is achievable by understanding how the aging process occurs (Nussbaum, et al., 2000). According to the literature on aging, the aging process can be viewed from different perspectives: chronological, biological, psychological, social, cultural, which are interrelated. In the present study three of these perspectives (biological, psychological and social), are described to gain understanding of the aging process and how one retired couple negotiates their daily physical activities.

From a biological perspective, aging is characterized by changes that occur in the body structures. Functional changes occur in the skeletal system, skin, heart, lungs, gastrointestinal and urinary tracts, reproductive organs, and senses (Harris & Cole, 1980). Genetic factors may have an impact on health-related problems, such as heart disease and diabetes.

Social traditions also exert great influence on lifestyle choices as they establish the way people should behave (e.g.,, eating habits, and exercise behavior). Perceptions of these traditions can be changed. Some traditions keep women out of sports or from participating in leisure activities, as their primary role is focused on housework and raising the children while the men are expected to provide the family income. How people behave (or perceive that they can behave) significantly influences the aging process, as it affects their lifestyle choices. For instance, engaging in a healthy lifestyle (eating healthy foods, exercising appropriately, quitting smoking and drinking less) or unhealthy

lifestyles (substance abuse, sedentary living, etc) influence the aging process for individuals and ultimately the population as a whole. Statistics show that over 80% of Canadian seniors (65+) suffered from chronic conditions and 50% reported functional disabilities (Chappell, 1998). Such statistics would suggest that people are not making healthy choices or that they do not have supportive environments that enable them to achieve healthy aging.

From a psychological perspective, aging is characterized by changes in the affective, cognitive and behavioral aspects of human development. Individuals' thinking processes and emotions influence the way they act and interact with their physical and social environments. Moreover, physical and social interactions may facilitate or constrain the development of people's personalities, intellectual abilities and skills, creativity, and life experiences.

Psychological and social aging are closely connected to the extent that psychological processes are influenced by the social milieu. Social aging involves individuals' interactions with one another and the social environment as a whole (McPherson, 1998). From a social perspective, the aging process is influenced by social values and norms that impact the way people see themselves and behave. Therefore, biological, psychological and social aging are connected by constant interactions between individuals and their physical and social environments (Bandura, 1997A). What distinguishes the psychological and social aging from the biological aging process is that some factors, such as lifestyle choices are modifiable while other conditions are strongly influenced by genetics (e.g., heart disease). On the other hand, psychological and social aging processes are more

susceptible to external influences, such as *ageism*; the negative stereotypes and myths associated with older people. The negative beliefs and attitudes toward aging can be powerful determinants on the level/type of active living in which seniors may engage.

Aging Demographics

"*Life expectancy is increasing throughout the world. A new challenge for research is to ensure that the years added to life are healthy, active, and productive and that there is significant compression of disability in later years*" (Research Agenda on Ageing for the 21st Century, 2003, p.5)

Demographic data from several studies shows the rapid growth of seniors within the population and increased life expectancy. According to the World Health Organization (2004), there are 600 million people in the world aged 60 years and over, and that number is expected to double by 2025 and will reach 2 billion by 2050. Life expectancy, defined as the years people are likely to live based on mortality and morbidity rates in a certain period of time, increased in Canada from 75 years of age in 1998 to 84 years for women in 2002 (McPherson, 1998). So, the question is how are these people living in their late years - how well are they aging?

Retirement is a life event that impacts positively or negatively on quality of life. It commonly occurs at age 65 and may be mandatory. This normally represents the completion of "professional productivity," and many people believe it is a time for easy living – a time when people engage in fewer activities of all kinds (McPherson, 1998). For this group, retirement is viewed as a reward, the

'golden years,' that provide a well-deserved rest after years in the labor force (Hooyman & Kiyak, 1996; McPherson, 1998). This belief is one of the reasons that over 60% (Statistic Canada 2002-01) of the Canada's seniors lead sedentary lifestyles. These supposed golden years, often lead to painful and debilitating conditions related to the aging process, limited social engagement, accelerated incidence of certain diseases and negative socioeconomic consequences (McPherson, 1998).

Successful Aging: Luck or Lifestyle?

" *Successful aging refers to reaching one's potential and arriving at a level of physical, social, and psychological well-being in old age that is pleasing to both self and others*" (Gibson, 1995, p.279)

In contrast to sedentary lifestyles, where less or perhaps no physical activity is the norm, active living is considered essential for successful aging (Health Canada, 2006). Active living involves an active lifestyle, which includes regular participation in physical activity, perhaps as simple as increasing the amount or walking, carrying appropriate loads of groceries, or taking the stairs instead of elevators. By engaging in an active lifestyle, seniors reduce their risks of chronic diseases and premature death, as well as improve their health, their prospects for independence, overall well-being and quality of life (Wagorn, Theberge, & Orban, 1991; Sallis & Owen, 1999). The broad health benefits of physical activity in older age are well documented in the scientific literature (O'Brien Cousins, 1998; McPherson, 1998; Spirduso & Eckert, 1989, 1978; Sallis & Owen, 1999). Benefits from regular physical activity include improvements in overall health by

strengthening muscles and increasing bone density, elevating metabolic rate, improving circulation to all the internal organs, reducing stress, moderating pain, slowing weight gain, reducing fatigue and depression, and increasing energy levels. Physical fitness leads to high bio-psychosocial functioning, and thus more independent living, joy in life and positive social outcomes (Health Canada, 2006).

Barriers to Undertaking Physical Activity for Seniors

Dishman (1990) and other scholars (Bouchard, Shephard, Stephens, Sutton, and McPherson, 1990; O'Brien Cousins, 1998) have compiled a long list of social, economic, political and personal barriers to participating in physical activity in late life. Some barriers are social circumstances that cannot be changed easily, such as retirement status, widowhood, advancing age, marriage, or income; other barriers are based on the way people perceive their situation. For instance, beliefs that retirement may have a negative impact on the lifestyle and quality of life of seniors if they are concerned about reduced income, health problems, and a smaller social network (McPherson, 1998). Such barriers, as well as lack of information about the benefits of exercise (and the risks of a sedentary living) have prevented many seniors from pursuing a healthy lifestyle (McPherson, 1998; O'Brien Cousins, 1998). In these ways, larger social forces play a significant role in decisions about physical activity, which eventually may contribute to declining motivation to participate in physical activity during older age (Stephens & Casperson, 1994)

Since older people, especially women, lack skills and confidence to get started (O'Brien Cousins, 2000), Health Canada (2006) is attempting a health promotion approach that invites people to integrate more "active living" into their daily routines. The advice in Canada's Physical Activity Guide for Older Adults (1999) is to engage in moderate exercise for at least 30 minutes every day or light exercise about 60 minutes every day. Despite the national distribution of over 3 million guides, and numerous studies, public advisories from dozens of national organizations, and government advocacy to promote health through more active living, the majority of Canadians aged 65 years and over generally become less active as they age (McPherson, 1998;O'Brien Cousins, 1997; Statistics Canada, 2002-01).

Studies on physical activity, socialization, and aging suggest that a number of barriers prevent older people from engaging in regular physical activity. Perhaps the most subtle, and most damaging force is *ageism*; the negative stereotypes that reinforce passive roles and segregate older people to special communities in advanced age (Vertinsky, O'Brien Cousins, & Tan, 2000; O'Brien Cousins, 2005).

Ageism occurs when people are treated differently (and are therefore socialized to act differently) based on perceptions of their age; *ageism* leads to discrimination, social exclusion, and inequality (McPherson, 1998). Stereotypes are generalizations and misrepresentations of facts about a group or category of people (Harris & Cole, 1980). Moreover stereotyping seniors shows a lack of awareness of the heterogeneity within this age group. As McPherson (1998)

stated, "there is no single, representative image of being elderly" (p.7). Consequently, society creates a negative image of aging by including seniors, and ill seniors in the same category, as well as removing seniors who need special care by institutionalizing them (Forette, 1999). Hooyman and Kiyak, (1996) refered to the negative consequences of stereotyping and stated that " the danger of stereotyping, however, is that it leads to an oversimplification of reality, often causing us to ignore characteristics that do not fit into a particular stereotype and to minimize individual differences among members of certain groups" (p.29).

From social stereotyping, come the ways older people are viewed and treated by society, which can have a negative impact on seniors' personal decisions and behavior. Thus, extrinsic forces affect intrinsic factors such as self-image, self-esteem and self-respect. For instance, older women in exercise settings have experienced negativity, been told to be careful, and even been called foolish (Chogahara, O'Brien Cousins, & Wankel, 1998). With such powerful socialization, many older people believe what they hear, may doubt themselves, and consider that their active days are over (Hooyman & Kiyak, 1996). In this way, older people learn to reduce their expectations about being active, staying healthy, and aging well.

> "*Ageism* is seen in most sports, in dancing studios, in fitness centers, in stadiums, community fields and ball parks, because what we see is mainly kids and younger adults in action. We do not see older people playing there. Older people do not see themselves there and they do not see themselves even playing. They are not expected to be active participants. Moreover they are not invited to participate. For these reasons, older people can't even imagine wanting to get involved in the

sport, fitness, and recreation venues of their communities." (O'Brien Cousins, 2005, p. 5).

Understanding Behavior Change: Social Cognitive Theory

According to one theory on human behavior, individual adaptation and change are based on social forces that operate basically in a triadic model of reciprocal causation – a relationship between behavior, internal factors (e.g., cognition, affectivity), and external factors (i.e., physical and social environment). The Social Cognitive Theory (SCT)suggest that individual's beliefs about their self- efficacy, their perceived capability, or confidence about doing specific tasks, has a great influence on their behavior (Bandura, 1997A). For example, "The value older adults hold for physical activity, the beliefs they have about the risks and benefits of exercising, as well as the social rewards they may receive, play important roles in later life physical activity participation" (O'Brien Cousins, 2003, p.32). Therefore, a number of social and individual factors influence human agency, and may complicate the process of behavior change.

Two factors making behavior change possible are self-efficacy and social support. SCT approaches self-efficacy, as the key element for physical activity behavior, but social support in later life is an equally strong predictor (O'Brien Cousins, 1995). Bandura (1997A) defines self-efficacy as "the judgment of personal capability" (p. 11), and according to Bandura (1997A) "self-efficacy theory provides explicit guidelines on how to enable people to [exert] some influence over how they live their lives" (p. 10). Individual and collective

mechanisms explain the origin of the efficacy beliefs about other processes affecting individual adaptation and change.

Social Support for Physical Activity

"*Strong social ties have been related to lower mortality, as well as enhanced physical and psychological well-being*" (Chappell, 1998)

According to SCT, social reinforcement is an important predictor of individual motivation for physical activity (Bandura, 1989). Social support (social reinforcement) has been defined in relation to physical activity as "encouragement individuals receive and perceive in their relationships with spouses, family members, friends, physicians and from the social environment" (O'Brien Cousins, 1995, p.274).

O'Brien Cousins (1995) investigated social support for late-life exercise among 327 community-dwelling Vancouver women over the age of 70. Results from a survey questionnaire showed that past and present forms of social support (such as previous family involvement in sport, support from physicians, family, friends, as well as encouragement by at least one person) predicted the physical activity levels of women over age 70. The findings also showed that social support from a spouse appeared to have significant influence on older women's motivation for exercise; as an active spouse was associated with later physical activity in women while a sedentary spouse lead to inactivity in older women. Therefore, marital status can work either as an incentive or a barrier to physical activity, as companionship plays an important role in participation and

maintenance (Janzen & O'Brien Cousins, 1995; Rankin-Esquer, Deeter, Froelicher & Taylor, 2000).

Interpersonal Relationships

Marriage partnership

"*Marriage is a social condition in which the lives, decisions, and choice patterns of married partners are linked in many ways over the course of a marriage*" (Pienta, Hayward & Jenkins 2000, p. 561)

Some research results have shown that married adults are healthier possibly due to the encouragement and love received from a partner, which is viewed as a "protective effect". Feelings of caring, belonging, and social connection that are so important for human beings can be reinforced in marital partnership (Pienta, 2003). When considering the relationship between marriage and physical activity scholars have found that men obtain more social, emotional and physical benefits from marriage than women; women have less free time than men to spend in active leisure, as they are usually more involved with housework and family activities (Pienta, Hayward & Jenkins, 2000; Nomaguchi & Bianchi, 2004).

Marriage is intended to satisfy people's basic needs, such as survival, love and belonging, power, freedom, and fun, along with pleasant activities (Huffstetler, Mims, & Thompson, 2004). In addition, these authors state that couples with similar personalities facilitate interpersonal processes by positively influencing the way they relate to each other and by establishing compatible roles

and norms for the relationship. Ideally, regardless of the degree of similarity between the personalities, both members should benefit from the marriage by respecting each others' differences and needs, sharing the decision-making to fulfill individual needs and the couple's needs, and striving to provide well-being in the marriage.

Negotiation can be viewed as a "diplomatic" process of solving a problem when two or more parties have different points of view, but connected interests (Zartman & Berman, 1982). Negotiation may take various forms at different times and situations, but the goal is to understand the other party's point of view and come to an agreement that satisfies the parties involved in conflicting situations (Zartman & Berman, 1982). In relation to benefits from marriage, Clarck, Graham, and Grote (2002) state that benefits may come in the form of routine services, goods, verbal affection, emotional support, or giving instructions. Once family structures, partners' roles, and interpersonal processes are well defined, negotiation occurs naturally benefiting both marriage partnership and each individual. Therefore, negotiation plays an important role in maintaining the health of a relationship. For instance, in physical activity, couples planning to exercise together should agree on what kind of activities they want to undertake, time available, and other necessary arrangements. In this case, the negotiation process is crucial to identifying a couples' assigned social roles, daily responsibilities, and personal expectations about how physical activity influence their decisions to participate in exercise.

Family Influences in Physical Activity Participation

Studies have shown the importance of the family in influencing an individual's self-perception, self-esteem and personal control (Parish & Nunn, 1988). These authors stated that, "To a large extent, the ability to cope with the demands and adjustments of life is based on the psychological foundations of early family experience" (p. 521). Indeed individual opportunities and family history in sports, for example, have an impact on people's involvement in physical activity in early childhood as well as throughout their life course and later days (O'Brien Cousins, 1997).

In line with Chogahara (1998), family is the primary source of both positive and negative social influences for senior participation in physical activity. The author claims that as people age, positive influences from family members are likely to diminish. For instance, disapproval by family and lack of companionship for physical activity were mentioned as barriers to exercise by low active women Albertan seniors (O'Brien Cousins, 1998). Thus, discouraging comments from significant others and lack of companionship for exercise may prevent seniors from participating in physical activity (O'Brien Cousins, 1995; Chogahara, 1998).

Spousal Influences on Participating in Physical Activity

Spousal support is well documented as being beneficial for general psychological and physical health, but also for participation in physical activity during older adulthood (Sherbourne, & Hays, 1990; Ducharme, 1994; O'Brien

Cousins, 1995; Pienta et al, 2000). Rauschenbach et al. (1995), pointed out that "both the health of the individuals as well as the health of their marriage may be improved by encouraging mutual support between partners to establish positive health-related behaviors for diet and physical activity" (p. 300).

In another study on retirees' perceived incentives and barriers to participation in health promotion activities (Connel et al., 1988), spousal support was endorsed as an incentive to participate in physical activity by 54% of the respondents. Respondents were 756 (non-random purposive sample) retired members from a large US corporation (age 65+). The majority of the respondents were male, married and with at least high school education. However, there was no information about how spousal support impacted on respondents' decisions to participate in physical activity.

Pienta, et al. (2000) studied the health consequences of marriage for health in the retirement years. They used data from Juster & Suzman's (1995) Health and Retirement Study (HRS) with a nationally representative sample of White, African-American, and Latino U.S. respondents between the ages of 51 and 61, including married and unmarried persons. The participants were questioned about their health in the domains of diseases, impairments, functional limitations, disability, and their views on health as a multidimensional concept. Results showed that spousal support is a key determinant for overall health benefits as people age and demonstrated significant consistency of the health benefits of being married across all domains of health investigated. Although one of the explanations for this finding was that married people embrace healthier and less

risky lifestyles, this study did not capture the respondents' meaning of pursuing active living in marriage. Therefore, more questions are raised about what kind of spousal support is beneficial for health in a marriage, and which inter-personal processes are involved in maintaining couples' healthy lifestyles. Certainly, more research is needed in the area of motivation to exercise among couples, as spousal support seems to be the key to successful late life engagement in physical activity.

Research Questions

New territory was explored in this study where the focus was on a married couple and their negotiation of how to achieve active living in later life. The four main questions were:

1) How does a retired married couple negotiate physical activity in their daily living?
2) What strategies (plans) do they use to motivate themselves for active living?
3) What difficulties derail their plans for active living?
4) How does the couple help or hinder each other?

Chapter III: Methods

Larger Study

The couple study was situated within a larger research project titled: "Social and Cognitive Barriers to Older Adult Physical Activity" (SCBOAPA) by Sandy O'Brien Cousins. The objective of the SCBOAPA study was to explore the social and cognitive barriers among adults aged 50+. The SCBOAPA study was a one-year physical activity promotion intervention for 32 individuals, customized to meet their personal goals, resources and interests, and educationally supported by the exercise recommendations in Health Canada's Physical Activity Guide for Older Adults (1999). Table 1 provides a chronology of research events employed for the SCBOAPA study:

Table1. Chronology of SCBOAPA Research Events

Social Cognitive Barriers for Older Adult Physical Activity Research Events
1-Classified ad in the *Edmonton Journal*
2-Registration of Respondents
3-First Interviews (0 month), Assessment and Customized Exercise Prescription
4-Weekly telephone monitoring (first 4-6 weeks)
5-Self-Referent Log Book records of activities and self-talk (12 months)
6-Second Interviews (6 month) and Adjusted Exercise Prescription
7-Monthly telephone monitoring, logbook records (6-52 weeks)
8-Third Interview and Assessment at 12 months

Self-referent thinking provided the foundation for the collection of the data within the SCBOAPA study. The primary techniques used for collecting data

were self-talk logs and face-to-face interviews with the participants scheduled at predetermined intervals (0, 6 & 12 months). In the SCBOAPA study, narratives were analyzed using grounded theory, content analysis and other interpretive techniques to re-present the data in reduced form. The data collection for the couple study matched the protocol used for the SCBOAPA study (Table); however, the couple study deviated from the SCBOAPA study by employing different data analysis and interpretation techniques because the focus of the couple study was to understand the negotiation process between spouses, not their self-referent thinking.

Couple Study Rationale

In the year following the SCBOAPA study (2003) the principal investigator received a phone call from a retired couple wanting to join the study and increase their levels of physical activity. The principal investigator included the couple in the SCBOAPA study and also saw value in supporting this couple through a year-long exploration of partner attempts to increase physical activity through spousal negotiation and collaborative processes. Given the incentive I had from the principal investigator to join the couple study, and also my interests in doing my thesis on motivation to exercise with seniors, I undertook the couple study as my thesis project. To proceed with the couple study, an extension of the ethics approval from the SCBOAPA study was required and received on October 3rd, 2003.

The rationale for the couple study was that many researchers have explored barriers and constraints to active living, but little research has attended

to the inter-personal relationships, planning and decision-making within the family unit in relation to physical activity. As the SCBOAPA study was primarily focused on the self-referent thinking process it did not explore the influences of inter-personal relationships and their impact on the motivation to exercise. Therefore, the objective of the couple study was to better understand how retired spouses communicate with each other in building more physical activity participation in their daily living.

In the context of the couple study, *negotiation* is viewed as part of the communication process that husband and wife may undertake together in shared conversation to accommodate a change in their exercise behavior that increases the physical activity in their daily routine. The process of negotiating and planning for active living may involve re-structuring daily living, which may demand interpersonal efforts to match both spouses' individual time, types of activities, preferences, energy levels, and stamina. The couple's motives, goals, expectations, and level of commitment to engage in physical activity together or individually may be exposed as they attempt to be accountable to each other within the partnership. To this point, very little is currently known about any kind of negotiation process for increasing physical activity, except that in contrast to self-referent decision-making of individuals, whether pursuing physical activity or not, couple decisions generally require more open communication of individual intentions to obtain support from the partner to exercise.

Qualitative Methods: Review

"*Qualitative research is a field of inquiry in its own right*" (Denzin & Lincoln, 1998, p.2)

The couple study used a qualitative approach taking into consideration the vast range of methods applicable to a variety of situations and events involving human matters in qualitative research. Basically, a qualitative approach attempts to make sense of (or interpret) what people think and experience in their natural settings by focusing on units of meaning and understanding of the phenomenon from the individual's perspective instead of seeking generalizations (Denzin & Lincoln, 1998; Rothe, 2000). Gubrium and Sankar (1994) reinforce the importance of qualitative studies by saying that "qualitative methods are the only ones suitable for the study of process and meaning"(p.69). Moreover, qualitative methods are focused on specific cases rather than generalizations (Stake, 2000). Denzin & Lincoln (1998) also pointed out that the qualitative research focus is on the specifics of particular cases. Therefore, qualitative research attempts to capture individual routines, events, and situations in specific moments of people's lives through case studies, life stories, narratives, observation, focus groups, or in-depth interviews.

Case Study

"*Case study is not a methodological choice but a choice of what is to be studied*" (Stake, 2003, p.435).

This research project is a case study within the context of a partnership - retired spouses and their attempts to increase their daily physical activity routine. By choosing a "couple" as the unit of analysis I was able to describe as accurately as possible the fullest, most complete description of the individuals' narratives with the purpose of developing rich and comprehensive understandings about the couple's attempts to increase physical activity. Although it is a case of a couple rather than a group or a population, findings from this particular couple study may open a window on partnered lifestyles in everyday day life by taking into consideration some of the ways people succeed or fail and what they do and say in the context of physical activity.

The initial goal of this couple study was to first listen to each member of the couple, to learn about their perspectives, goals, and experiences while negotiating and planning for physical activity. The meanings each spouse gives to daily situations and events were explored by unitizing, categorizing the interviews transcriptions, and identifying emerging themes. Individual narratives of shared communications or shared experiences were transcribed, examined and organized chronologically according to the period of the three individual interviews (0-6-12 months). Rather than critique the couple's communications, an interpretive (story-telling) approach was used to document and represent their narratives over the

twelve-month period in which they were aiming to increase their levels of physical activity. The couples' past experiences, perceptions and beliefs about physical activity were captured through the three interviews, logbook notes and informal visits with the couple. The saturation point was reached mainly through data from the interviews, as little additional information was found in the participants' logbooks, notes from telephone monitoring, or visits with the couple.

Participants

The participants in this study were a senior couple that registered for the SCBOAPA study one year later (O'Brien Cousins, 2002), and were also invited to participate in this case study. The two participants hereby referred to here as John P., a 69 year old a retired engineer; married to Marilyn P., a 68 year old retired nurse. They have been married for 39 years; have two adult children, and own a house in a middleclass neighbourhood in Edmonton, AB. The couple wanted to increase their involvement in health-promoting physical activity. Although both adults claimed to be highly motivated to try to be more active, both were struggling with, and largely unsuccessful in, accumulating 30-60 minutes of light to moderate physical activity into their daily schedule, as recommended by Health Canada's Physical Activity Guide for Older Adults (1999).

Data Collection

As previously stated, the couple study shared the methods for data collection used in the SCBOAPA study (Table). A team of researchers collected the data for the SCBOAPA study, which included the data collected for the couple

study. The principal investigator did the 0 and 6-month interviews with John and the final interview with Marilyn. Another research assistant did the first and second interviews with Marilyn. I engaged the final interview with John and transcribed participants' second and final interviews. A research assistant from the SCBOAPA study transcribed the remaining interviews.

The resources used for the data collection process with the couple were the following:

1. Informed consent form at the beginning of the study (see Appendix C)
2. Interview guides (0-6-12 months) (see Appendix A)
3. Notes from weekly phone calls
4. Logbooks
5. Research events tracking page
6. Medical history questionnaire
7. Target goals sheets
8. Older Adult – Exercise Status Inventory (OA-ESI) questionnaire
9. Notes from the informal meetings with the couple in the last 2 months of the study
10. Final questions (see Appendix B)

Besides the SCBOAPA research protocol (items 1-8), the couple study employed additional strategies for data collection and verification, as shown in items 9-10 (see Appendix A). For instance, I had weekly meetings at the couple's home in the last 2 months of the study (after being invited and welcomed by the couple) and sent additional open-ended questions and the interview transcripts for

the couple to verify and give their input about my preliminary interpretation. The weekly meetings allowed me to know the couple better as well as to observe their interactions in their home environment. This greatly enriched my perception about their relationship and subsequently, the interpretation of this case study. The final questions were sent to the couple along with the interview transcripts for data verification purpose and to complete the data collection for the study.

Data Recording

The semi-structured interviews (0-6-12 month) with each individual were conducted simultaneously by the research team in separate rooms within the Faculty of Physical Education and Recreation (U of A). All interviews were audio-recorded and transcribed. The first interviews were approximately 2 hours and the last two were each 50-60 minutes in length.

Individual logbooks were kept at home and used by the couple to record their personal thoughts and activities. In addition, weekly telephone conversations, and casual visits were conducted to encourage the couple to participate in physical activities. These data sources were transcribed and organized in an individual binder for each respondent.

Data Analysis and Interpretation

The interviews were transcribed in verbatim text for content analysis. Inductive content analysis was employed to look for narratives that illustrate strategies of negotiation for active living. I articulated the narratives by unitizing,

categorizing and identifying emerging themes present in the couple's discourse to bring insights into the concepts involved in couple negotiation for active living. Emerging themes were organized within a conceptual framework developed according to the research questions. Following identification of the emerging themes, the data was displayed and reviewed to follow each individual's written story. All of the data was reviewed several times, including the data from interview transcripts, logbooks, telephone notes, and answers to the follow-up questions, and researcher notes.

Content analysis was employed in this study because as Rothe (2000) pointed out: "content analysis is an insightful tool that can be used as a practical way to uncover facts, ideas and intents". Content analysis often involves establishing categories and then counting the number of occurrences where those categories appear in a specific text/narrative situation (Silverman, 2003). However, in this case such counting was not sufficient to address the research questions. Instead, content analysis was used to identify key features of the negotiation process as well as the reasoning of both partners. A story-telling approach that closely followed the authentic narrative data was considered more useful and provided richer data for the analysis. For the purpose of qualitative data analysis Huberman and Miles (2003) suggest that: "the researcher typically needs to see a reduced set of data as a basis for thinking about its meaning" (p.192).

The results of this study are presented in the following sequence within chapter IV: First, a story of John's original goals, thoughts, and plans; followed

by Marilyn's original goals, thoughts and plans; and finally the couple story is presented to show how they interacted and negotiated their goals, thoughts and exercise plans. Content analysis and interpretation of the data follows to situate the couple's experience in their individual and joint missions of increasing their involvement in physical activity. Preserving intact narratives was intentional as this process served to reduce the possible loss of context and avoid fractionated or de-contextualized coding.

Data Verification

The verification process began when the final individual interviews were concluded with a joint collaborative meeting that included the principal investigator, the couple and me. This not only offered an opportunity for an informal and social event, but also allowed the couple to come to consensus and share their conclusions with good humor. This final session was also used to confirm and validate the research interpretations of what had transpired throughout the course of the year.

After the final interview a preliminary analysis of the data from the participants' interview transcripts was sent to the couple for verification, based on the assumption that: "Participants need to recognize something of themselves and their world in the theorizing if any claim for credibility [is] to be made" (Tuckett, 2005, p. 8). Along with the interview transcripts, I included eight additional open-ended questions that had emerged from the analysis (see Appendix B). Before sending the material to the couple, I phoned to inform them about the verification

process. They agreed and told me that they would return the material to me within a week. A month later I received the open-ended questions with their individual answers by mail, but no comments about the preliminary analysis of the interview transcripts. I interpreted the lack of comments from the couple as "*de facto* validation of consensus" about their narratives as outlined by Silverman (2003) and Tuckett (2005). I perceived that the couple felt they had completed their responsibilities based on their significant participation and contributions throughout the study. The couple study was therefore concluded at this point.

Chapter IV: Results

In this section John's and Marilyn's stories are presented individually and chronologically, and the relevant themes, categories and concepts that reflected the individuals as agents of exercise are highlighted; telling their individual stories first, allowed me, as the researcher, to identify possible interactions or disruptions evident in their narratives. Finally, the central story of the couple over the 12-months of activity is grounded in emerging themes, concepts using their voices and behaviors and then compared to existing literature.

Individual Stories

John's Story

March 2003

John P. is a 69 year-old retired engineer who has been married to Marilyn for 39 years. He has two children and seven grandchildren. John has complained about being overweight and sedentary in the past few years. For these reasons, he sought to be a participant in the original SCBOAPA study.

John's original goals for physical activity

John's main goals were to walk on a regular basis (5 days per week for 30-40 minutes), for general fitness and weight loss purposes.

Activities when younger

John considered his most active years were when he was between the ages of 13-30 as he swam regularly during the summers. He said that he was also part of a good swimming club when he was a teenager and set a relay record for his age group. John worked in lifesaving until he was 17 years of age. John was also involved in high school athletics (i.e., Jr. football). For John, football was "the thing" to do, and once he got too old to play he became a football trainer and finally a coach. In university John was part of the judo team, did cross-country skiing and some scuba diving. While working as a lifeguard, a police officer asked John to do scuba instruction after hours. John also curled every winter until 2000, when he developed knee problems.

Changes in physical activity over the years

John reported that his level of activity had generally declined over the years. He thought that was because of his family responsibilities, especially when Marilyn and he were both working and lacked motivation. Perhaps, lack of motivation better explains his current low level of physical activity since his retirement. However, John sees possibilities of going back to physical activities that he used to enjoy when younger, such as swimming and cycling.

Level of physical activity at the beginning of the study

In March 2003 when John started to participate in the study, he reported his activity level as low, as he was not exercising regularly. He was participating about 2 or 3 times a month in vigorous physical activities, and less than once a

month in leisure-time activities that were not long enough to raise his heart rate or develop perspiration.

Positive and negative influences in physical activity

John mentioned judo as a positive experience, despite the peer pressures. With regard to negative influences, he reported sustaining minor injuries.

Six Months later…

Sept. 2003

John reported his physical activity level to be the same as before. He stated: "We haven't found yet the magic switch that gives us the impetus to get going". However, he considered they were (the couple) doing " okay", as they did not go out everyday, but went fairly regularly.

Reviewing the original goals

Although John was feeling good about himself, he recognized that there was a goal "out there" that was not yet achieved. John admitted that his objective was to lose more weight, but instead he was gaining weight. John thought that they could walk longer (as Health Canada Physical Activity Guide recommends); however, his position about the recommendation to walk 30-60 minutes almost every day was: "no way we can afford that" (laughs). According to John's perceptions his participation in vigorous and leisure time physical activity within the past 6 months had not changed since he began participating in this study. Although he admitted that he was not in a very good shape, he reported that he feels good about himself.

Changes in physical activity in the last six months

John said that maybe exercising regularly had improved. He was also watching his diet more by cutting back on fats and carbohydrates. John said his high cholesterol had been "quite" manageable with the little bit of exercise that he did. John said his doctor told him that his cholesterol level is within the accepted norms, so he felt that there was nothing to worry about.

List of life priorities (six-month)

When presented with a list of life priorities (as listed in item 7 on the 6 month interview guide, p.80), John rank ordered them as follows: 1) Sleeping, 2) Eating, 3) Self-care (bathing, grooming), 4) Relaxing (reading, TV), 5) Working, 6) Exercising, and 7) Socializing (family, friends). It was clear that exercise was a low priority for John at this point.

Encouragement for physical activity in the last six months

John considered the time he spent babysitting with dogs and the grandkids as incentive to be more active, as these activities added more physical activity to his regular routine. John also helped a friend who is cabinet-maker over 10 days during the summer up to 5-7 hours on some days. They were lifting heavy objects, moving construction material around, and taking things down. He did not perceive that as physical activity in terms of bringing him health benefits. John also worked at home on furniture building and house renovation (10 days in the summer). What he recognized as his success story was the walking. John knew they (couple) needed to exercise, they reminded themselves saying: "we need to

work hard at this, so let's go". Besides himself, John said that Marilyn is his main support for physical activity.

Disruptions in Physical Activity

John admitted that when something "creeps up on occasion", they let the walk slip, as the original plan is no longer a high priority. He said that there are verbal cues that signal a delay, such as house chores (Marilyn's agenda), for example, Marilyn will say: "I gotta do the floor, gotta make supper, I gotta finish this project". So, he accepts that and waits to exercise later. "I guess I don't have this perception in front of me, there is this higher priority project like walking exercise that has to be done. So, it is easy to delay it."

Plans to exercise together

According to John, he and Marilyn do not spend a lot of time doing things individually since they retired. Related to walking John recognized that he does not "actively plan to do it". They plan to walk together 2 minutes before they go out for a walk. It usually happens when their schedules match. He admitted that they were "kind of waiting for the match to occur" and say, "fine, let's go".

Negotiation for Physical Activity

John thought that they did negotiate to go for a walk. "There is a bit of negotiation about time in that sense", and regarding the weather. John recognized that although they don't talk about a schedule, intrinsically they both think about it, and when all is set they say: "let's go...or no, let's eat first, or no we have to do the dishes first. So, as soon as that is done we go. It happens probably within the

hour before we go out for a walk". They set out and say: "let's do this" and do it without planning ahead (i.e., the direction or the route).

Barriers to Physical Activity

John said: "I sort of suspect that if Marilyn is not motivated at the level that I am, my motivation diminishes." Family health problems kept them a little out of their daily routine, as Marilyn was helping her brother in his cancer treatment. Marilyn's motivational readiness seems central to both of them.

John's self-talk

John did not identify his self-talk. He said it does not exist or it happens so unconsciously that he does not recognize it.

Plans to exercise in the next six months

Although John recognized that he had not got into more walking yet, he did believe he had to come to a better balance, get into exercise more and lose weight. He stated, "there isn't any 'magic' about that". Yet, except for looking into alternatives such as treadmills, that would fit to some extent into their lifestyle, he had not taken any concrete action.

One year later…

March 2004

Physical activity level

John was exercising regularly and said that he had been doing this for longer than six months. He had increased his participation in leisure-time activities to two or more times a week of activity within the past 6 months. It was the same with his vigorous activities. John said that Marilyn and he did

babysitting, volunteering, and helped others and since October he had to do a little extra (i.e., housework) because Marilyn had fractured her thumb. John also had done physiotherapy on a daily basis for a "muscular unbalance" in his shoulder, but he did not consider the program particularly strenuous, as the exercises are not designed for improving fitness.

Changes in physical activity in the last year

John found it somewhat difficult to be as active as Health Canada suggested (30 to 60 minutes every day), and he admitted that he still struggles to have an exercise routine. John believes that he needs external stimulation to initiate physical activity, such as a commitment to a structured exercise program. For instance, John said that his motivation comes from joining and participating in scheduled activities, and that he walks more often in the winter now than he did in previous years. So, he thinks his activity level has increased by walking regularly, as he and Marilyn are a little more structured. John felt that his performance had improved, perhaps in the sense that now he was more comfortable walking for a longer period of time (45min), though sometimes he does not perceive big changes in his lifestyle.

Barriers to exercise

John reported that he did not sense there were any specific barriers other than: "I can't do this today". "Probably you just don't do it and don't think about a barrier…" However, he recognized that he was not putting any effort to be more physically active. For instance, John thought that perhaps he subconsciously avoided the exercise that he perceives to be extra challenging. He stated, "I could

easily be more active, there's no question about that, but I guess somehow I don't get it done". He knew that once he had an exercise routine (a schedule), he did not have a problem doing it. Yet he just had not decided what to do. He assumed that he is not close to getting it scheduled, and said: "I am happy not to do it, I suppose."

John thought the fact that he did not independently undertake a fitness program, or scuba diving or other activities he would like to do if Marilyn is not with him was possibly a barrier. However, he is not clear about what this barrier is, or why he did not change this situation. He said that if he was, then he could do better; "I am sure I could do more. I'd be happy to do more, but I haven't found the switch that said 'do more, do more' "

Goals to exercise

By this point in the study, John had kept the same original goals for improved fitness, and weight loss, as it gave him "travel stamina". The goals that he had achieved so far were, regular walking activity, adherence to a diet regime, and not yet tested, but "hopefully", he says, increasing his stamina.

Monthly chart of physical activity level in the past year

At the end of the study, John graphed his physical activity levels per month in a chart (Figure 1). The physical activity assessment levels are presented on the left hand side of the chart: High equates to being active in your leisure-time 30-60 minutes almost everyday that month; Medium equates to being active 30-60 minutes in your leisure-time for 3 or 4 days a week that month or active almost every day for less than 30 minutes; Low equates to some activity during the

month, but not long enough or frequent enough; and Nil means no activity worth reporting.

Figure 1. John's physical activity level chart

	Mar (2003)	April	May	June	July	Aug	Sept.	Oct.	Nov.	Dec.	Jan.	Feb. (2004)
HIGH					*	*	*					
MED	*	*	*	*				*	*	*	*	*
LOW												
NIL												

The study ran from March 2003 to February 2004. John was asked to check his monthly physical activity level during the yearlong study. He reported a high physical activity level in September 2003, July to August 2004 when he was mainly working on the yard and building structures around the home. For the rest of the year John checked his physical activity level as Medium which included activities such as walking, gardening, painting, snow shoveling, etc. He made the point that his physical activity level was Medium most of the time during this year, but "never Low".

John's success story

Coming to the All's Well program at the university for 12 weeks was the success story of the year for John. He reported: "I think the schedule, and I think that the activities were structured, so that they weren't too demanding, they weren't competitive enough so that people would be embarrassed by their lack of performance. I enjoyed that… I thought it was good. I had a good time. I would do it again."

Encouragement for physical activity

John admitted that taking part in the study "taught" him to become a "little more" physically active. His doctor had suggested that John needed to lose weight and recommended exercise and change to his diet. John had joined a Weight Watchers program and had lost 8 ½ pounds in 6 weeks.

John reported that swimming in the summer with his grandchildren was part of his physical activities: "it's not a structured exercise program, but, I guess we get wet enough…so, I am sort of happy I can stay with that."

Support for physical activity

When asked about who was his support for physical activity he answered: "John and Marilyn, and maybe staff at the university too".

John's self-talk

John reported that he still does not recognize he has a self-talk and reinforces it by saying: "I've been just not overly conscious of recognizing that I have a self-talk component that works inside of my brain. I don't sit down and wake up sort of a sudden … and say: " hey I'd better go out exercise". "I sort of wake up and look outside and say: hey, it's time to cut the grass or whatever".

Negotiation for physical activity

John and Marilyn usually get up in the morning, and say: "yes after breakfast we are going for walk …a routine, just a routine."

John said that one day they both said: "we have to do something, so let's do this". Once they say "let's do this", then they generally get it done, unless there is a major stumbling block somewhere along the way, and he did not notice that they had any stumbling blocks. John and Marilyn are accountable to each other when negotiating the activities they want (or have) to do, and this seemed to have a positive impact on their motivation to exercise.

Togetherness

John recognized that they tended to do things together, as opposed doing them individually: "... I suspect that I will continue and in fact that ...self-conscious, self-talk paradigm that says if your partner does not exercise you don't have to either (Laughs). I don't know, but we never had problems doing this together, so we continue to do [things] together, as long as we stick to relatively prescribed activities." He supposed that it was entirely possible that they could agree on the activity and do it independently, but they haven't done that yet...but: "that is a possibility". They sometimes curled in mixed leagues when they were together, but they also curled independently; but now [in retirement] they try to do things together. He knew that until they made a conscious decision to say, "You exercise here and I exercise there", he probably won't get back to swimming. "So, we still have this separation anxiety (laughing)...we try to do things together, as opposed to apart". However, John had plans to walk more frequently, ride the bike more, and perhaps make a conscious decision to exercise separately from Marilyn. He said that they have not done that yet. As long as weight loss is a concern, they will likely do their exercise together. He said that Marilyn made up

her mind and said, "I have to lose weight, then how we are gonna do that?" He agreed with her and said, "Yes, we will exercise together and we will both modify our diet and that has happened". So, he thought… "in that sense her weight loss goal is probably similar to mine." John recognized that exercise is important for their health and he thought that they were both progressing along that route satisfactorily.

Plans for physical activity

John recognized that his activity level had gone up and he suspected it might go a little higher when the snow disappeared because his walks outside were longer, and he might also ride his bicycle more often. They are walking at the mall in the winter.

John admitted that he could ride his bicycle more frequently, for example, but he had not done this yet. However, he has intentions to change this: "hopefully that will change this year", but Marilyn would not. She was nervous about bike riding because of the problems she had with her balance since a car accident.

John and Marilyn were also looking at activities to do together other than walking. They were thinking about doing yoga and tai chi. However, John said that they were not sure that they were willing to commit to these activities yet, but saw a possibility… "but we might".

Disruptions in physical activity

John said that he and Marilyn had some yoga tapes, but they had to determine the level of activity. They were also looking at programs for flexibility

and strength. But they had not committed to any exercise program because they have engaged in other activities, "whatever they are" (John laughed). He considered that perhaps they did not really want to do anything.

John and Marilyn were participating in the weekly exercise program at the university. However, since Marilyn broke her thumb during a fitness class, and John had a muscular problem in his shoulder, their activities were somehow compromised. John thought that perhaps his health problems had to do with the aging process rather than with his low fitness level.

John's final questions

March 2005

John answered the final questions and reinforced what he had said in the previous interviews; there were no significant changes in his perception about improvements on his physical activity levels and lifestyle. At the end of this one-year study John saw exercise as a benefit to maintaining good health and to counteracting the negative effects of the aging process. John thought that exercise was good for him mainly because of the health benefits.

John reported that his favorite activities were walking and swimming. For instance, he said that walking was good because it improved the cardiovascular system and enabled him to enjoy the outside. Also, John recognized that having a daily plan and realistic goals were crucial for him to keep up with an exercise routine. He admitted that the benefits of exercising, such as life enjoyment and decline in risks for diseases, enhance his motivation to exercise.

John justifies that exercising with Marilyn provides mutual support and convenience to their relationship. Thus, they choose to do activities together, as the joint activity is satisfying for both partners. However, he still waits for Marilyn to decide whether they go for physical activity, or not, as he still has difficulties getting started

John still blames the aging process for some of his health problems, such as the knee injury that prevents him from curling, and now he has developed type II diabetes.

Marilyn's story

March 2003

Marilyn P is a 68 year-old retired nurse. She has been married to John P for 39 years. She has two children and 7 grandchildren. Marilyn joined the SCBOAPA study along with John in March of 2003.

Physical activity level

At the beginning of this study, Marilyn was exercising, but not regularly. She participated about once a week in vigorous and leisure-time physical activities, such as a volunteer organizer for events or doing heavy house chores (i.e., vacuuming and gardening).

Activities when younger

According to Marilyn, she was as active as most children her age. She played baseball, rode bikes, skated and walked a lot. She remembers taking long walks with her father to baseball games. She was never on a team, or sports

league. Through her teen years her physical activity level declined, but she still did a lot of walking and bike riding. This was when Marilyn became more interested in music and joined a choral group. Then, she went into nursing where there was a lot of physical activity. Marilyn said there was lifting, there was pushing, and other kinds of muscular activities on a regular basis. "I was always on the go" said Marilyn. She used to run to the parkade, to meetings, come back and go somewhere else. She said that she had a very active lifestyle and that she did not have to worry much about her diet.

Changes in physical activity over the years

Marilyn's level of physical activity changed over the years. She became more sedentary; she did not have the same number of goals or the need to accomplish so much in a day; now she had the "whole day to do that job." Marilyn said that she used to have a lot of drive, a lot of "intensity" to get work or housework done. Now she feels she does not have the same motivation, as she is retired and her children are grown and they no longer need her assistance.

Marilyn was involved in volunteer work, where she admitted that most of the activities she did were sedentary, such as participating in meetings, and sitting on boards. Marilyn recognized that these activities keep her mentally, but not physically active.

Marilyn said that there are many factors in her daily life that have contributed to diminishing her physical activity level (i.e. tiring more easily -lack of energy), which has prevented her from accomplishing as much as she would like to in a day (lack of motivation). The result was that it takes her longer for her

to get the same activities done (lack of purpose). Referring to goals and challenges, Marilyn recognized that she did not have the same set of daily challenges as she once had; therefore, she now approaches life a little differently. After retiring she said that she had more time, so she expanded the work to fill the time available. "All I'm doing is making myself do a minimum". Yet, she lacks the time to walk/exercise. She also tells herself that her slow pace and sense of tiring is part of an aging process.

Marilyn's self-talk

In terms of self-talk, Marilyn said that she talks to herself a lot, and her self-talk sounds like: "Now, you know, what're you doing not getting this done or that done," or, "You know you should've accomplished more today", "What did you accomplish today?... not a whole lot".

When exercising she said that her self-talk worked as an encouragement to keep her in the activity longer. For instance, she set a goal to stay on the bicycle for 5 minutes, which she believed to be a minimum, and she was struggling with it. She used self-talk as a strategy to not give up on the activity before the time she had determined, and it helped.

Retirement

Marilyn chose to retire the same time as her husband, so they could travel together... "We've done quite a bit of traveling, wonderful traveling". However, she recognized that retirement has had a negative impact on her activity level and perception of time. Moreover, she felt that with retirement her relationships diminished as she lost connection with most of the people she knew. By

volunteering Marilyn had opportunities to meet new people, and developed new relationships; but she recognized that it is different from what she was involved in before she retired.

Encouragement for physical activity

Marilyn has always known the importance of active living, at least conceptually and how important it is for her health and well-being. Volunteerism and babysitting her grandchildren are activities that have encouraged Marilyn to maintain, or actually increase, her daily activity level. She believes that the fundraising and the volunteer work keep her more active (running around getting things done).

Marilyn also increases her physical activity level when her grandchildren come to visit. They usually come for two weeks during their vacations. She said, "I get things done in a very timely fashion" (for housework, meals, childcare and entertainment). They usually have three to four of their seven grandchildren and go sleigh riding, swimming, or do other activities that keep her more active. She said that for the first few days she feels exhausted, but by the time the children are ready to go back home, she is into a good routine. However, after they leave, Marilyn goes back to her normal routine where she perceives she does not have the need to be more active.

Talking about lack of motivation, Marilyn said that it would be good for John to go swimming because he is a good swimmer and he enjoyed it. While she is not a good swimmer she knew that would be good fro him to increase his physical activity level, and a positive influence on her as well.

Marilyn recognized that having a firm goal to exercise is key to overcoming potential barriers, such as cold weather. She had a goal to lose 15 pounds, but she did not want to just lose weight, she also wanted to be active. She wanted to have physical activity as part of her daily routine, to feel more energetic, and invigorated. She knew that if she kept fit she would age much better, and remain independent in her daily activities for longer.

Excuses to not exercise

Marilyn said that the cold weather was one factor that affected her decision to exercise, but she also admitted that even in the summer she keeps herself busy with housework and just does not go out to exercise. She said that at these times her self-talk sounds like: "You didn't get out for your walk today; you didn't go down and ride on your bicycle; you should've done it, there was no excuse for not doing it; you've gotta get it done; there's no excuse; you had all day to do it and you didn't do it". She recognized that she needs motivation, and an exercise schedule. " I need something to push me to do that". "I could've been going to yoga twice a week. Why haven't I? I haven't had anything that's driven me."

Togetherness

Marilyn recalled that before she and John retired, they were more independent in terms of doing their daily activities; since they retired they want to do things together, and when one does not do something, the other does not do it either.

Walking is "the thing" for Marilyn, she says: "I love walking". As a nurse she had "run" for years, so walking for her is a very easy activity. Marilyn said that she and John get out at least three times a week for a good, long walk.

Negotiation for physical activity

Marilyn reported that she often has "debates" with herself over things, and then presents her thoughts to John, so they have another debate over it. First she goes through it herself to evaluate and weigh the facts and think about everything she can. Then she presents it to him and says: "What haven't I thought of? What should we be thinking about here?" She said that John often helps her to figure things out and also with housework; they usually shovel the sidewalk and do other housework together.

In their leisure time, they used to curl, but since John injured his knee they have not curled the last two years. As John was not curling, Marilyn was also not curling. Marilyn said that if she curled she was not going to see John all day long. "So … we try to avoid these situations because we prefer to be together". She admitted that it might not be the right attitude, "We don't always have to do things together". For instance, they used to ride bikes together until Marilyn had an injury that affected her sense of balance. So, now she prefers not to ride the bike. Marilyn also tried yoga for 6 weeks, but John was not doing yoga with her at that time.

Marilyn worried about her weight gain: "I must admit that gaining this weight like I have has scared me a bit, and so I am saying to myself, I've gotta get

involved; I've gotta do something, and I know for my hubby's health, he has to too. So we have to. I don't think we have any choice. We have to".

Marilyn said that if John is ready to go for a walk, he would tell her that. "He has never, ever questioned not going [for a walk] with me". However, she admitted she is usually the initiator, "I say, 'We have to do this.' He hears me chatter about this all the time, but talking to myself. I talk to him too, like 'We need to get out and walk more. We've got to lose more weight.' " Then she said: "Again, I think if he was sitting here, he'd be grinning because I chatter to him about it all the time but neither of us are doing it … on Sunday, I have a discussion with my husband and suggest that we really have to get out every day this week, so, I can plan for it".

When it comes to volunteer work, such as participating on committees, boards, and organizing events they go their own ways, but this is not viewed as a problem. When it actually comes to going out, whether it is a movie, a walk, or whatever, they want to include one another.

Marilyn said that she has a strong personality… "for John to really influence what I do or not, he would have to work at it". However, she considers his advice in her decisions. For instance, after retiring John suggested Marilyn might go back to some kind of work to keep her more active. She said that was the trigger for her to get involved with a lot of volunteering, so, "I was on the go again".

Positive and negative influences on physical activity

Marilyn could not recall any negative experience directly related to physical activity. She did break her thumb in a fitness class (2003), but she did not mention this here.

Spouse

Marilyn was involved in a car accident in 2003 and sustained minor injuries and, since then, John always cautions her to think about the things she can or cannot do. According to Marilyn, John helps her to face her physical limitations. She said that he has never been a negative influence for her to exercise. Moreover, John's past experiences with sport were positive influences for Marilyn. She is proud of him for that; however, she admitted that John has lost motivation over the years too, especially after they retired. Marilyn recognized that John could support her a lot more than he does by going and exercising independently. She said: "If he went out by himself once or twice without me, I would say: Gee! You know, I don't need to do the dishes right now; I'm going." She said that if he got out and ran every day, she would probably try to do the same thing… "Watching somebody exercising challenges me" (Marilyn).

Parent

Another positive influence for Marilyn was her father, who was a very active person. He was a high level hockey and baseball player within the city and that: "he was always encouraging activity as far as his children were concerned". Marilyn said that her father was very involved in everything they did and enjoyed her and her siblings' successes. He was very enthusiastic about them, so Marilyn

was never discouraged from being active. She said that her parents did not push her to be involved in team sports through her teen years, but whatever she chose to do, her parents were always very supportive. She was more interested in music instead of sports. Despite that, she kept up with activities such as skating, walking, bike riding in her teenager years.

Another positive influence for Marilyn is her son who is a triathlete. Marilyn is very enthusiastic about what he does and admits... "he is a pretty big influence". She said that he keeps himself so fit that she certainly looks at herself and says, "You probably should be doing more, and you can do more".

Disruptions for physical activity

Marilyn does make plans to exercise, and a simple phone call may disrupt her original intentions. She considers it a bad week when she lets things slip. Marilyn recognized that physical activity requires an inner drive, and she has to want to do it, but when there is something more pressing that she wants to do she skips the exercise. "I need to get the dishes in the dishwasher; I need to phone somebody. I've got this volunteer thing I have to get done then I'll go for the walk. It's always 'I have to do something first, then I will go for the walk' or I'll do whatever. So I tend to leave it till the end of the day when I'm tired, and then I'm too tired."

Barriers for physical activity

Motivation

In terms of motivation, Marilyn believed that "If you're setting up your own strategies, like you already know that you're motivated by challenges, and

you already know that you haven't been doing things because you haven't either, a) set it up as a priority, or b) you do not have that need, that drive and that push because you have all this time, well now you already know what your barriers are... you need to have that self-awareness, and once you do, it makes it so much easier to address them because now you're addressing specific things".

Weather

Marilyn mentioned that bad weather influenced her decision to exercise outside– "when it's really so cold, its not easy to be out, you know, when it's -30 – as soon as it warms up a bit we'll be out walking".

Health-related Issues

Marilyn said she is not very flexible, so she does not feel comfortable bending and sitting. She really wanted to change that: "I want to change". "I need something to help me change". She wants to be successful losing some weight and be more flexible, and do things with greater ease.

Togetherness

The couple's efforts to exercise together may work as a barrier for physical activity as well. Marilyn reported she is the opposite to John in many ways, which perhaps prevents them from engaging in certain kinds of activities if they cannot come to an agreement about them.

Self-Efficacy

Marilyn admitted she would be more "fearful" of weight training because she had little experience. She said that she would go for a walk in a minute, but weight lifting would make her think about it for a minute. She said that she would

need "more of a push to go …unless I really learned to love it". She has tried weights, but as she said: "they have not turned me on."

Six months later

September 2003

Physical activity level

Marilyn reported she was exercising regularly (she had only begun doing so within the last six months).

She has participated two or more times a week in vigorous physical activity and about once a week in leisure-time activities. Marilyn did the exercises suggested by the Health Canada's Physical Activity Guide and on the "Your First Move" flexibility poster. She admitted that she is not very "faithful". She did not think that the stretching helped her, so she does not stretch regularly.

Changes in physical activity in the last 6 months

After six months participating in this study Marilyn recognized that she has a distinct "desire" to exercise more. She was back walking again (trying everyday), 30-45 minutes. She is also doing more stretching exercises.

Disruptions in physical activity

Health and family

Marilyn has had sporadic health-related interruptions that have affected her activities, but she tried not to use them as an excuse. Marilyn has not reached her goals, she has gained weight instead of losing it because of the physical and psychological setbacks after the car accident in May (2004). Marilyn has been

through many personal and family health problems in the last six months (i.e., car accident, assisting brother with cancer). Her plans were disrupted all through the summer with the different things that came along. She did not feel that her physical activity had significantly changed. She also mentioned that sometimes her self-talk helped her keep up the activities. However, it is mostly retrospective and negative.

Volunteering

About volunteering, Marilyn said that: "We both do a lot of volunteer work, and go to meetings, and sit on boards, there is that kind of interference". There was not a lot of physical work and Marilyn considered herself a workaholic. Exercise is still not a priority for her, voluntary work comes first and exercise gets pushed to the end of her day, and many times it ends up not happening. "I let other things get in the way of making that a priority", she said.

Entertainment

Marilyn does not like to miss the 10:00 pm news, but she mentioned that the possibility of walking on the treadmill while watching the news.

<u>Encouragement for physical activity in the last 6 months</u>

Family

Marilyn had grandchildren visiting from Calgary for one week, which made her increase physical activity and lose weight. Marilyn's children inadvertently have a positive influence on her by thinking that she can do anything.

Work

She also kept a daily gardening routine in the summer. Marilyn recognized that she had to include "walk for an hour" on her calendar all the way through the week, and then plan around it.

Togetherness

According to Marilyn, she and John "love walking together". Marilyn believed that, as a couple, they had begun a much more positive walking program, and they were out more regularly. She said enthusiastically: "We've been out almost daily, and enjoying it". Marilyn said that John certainly was encouraging anytime she suggested they needed to get out or go for a walk or do something. Once she decided that it was time to exercise she usually said, "Let's go." He is always ready to exercise and she saw this as reinforcement. Marilyn said that John never said: "I don't want to," or anything along those lines.

Motivation

Marilyn started perceiving the benefits of exercise, as a rewarding feeling of well-being. She said that: "it starts my day out right." She reported that exercise made her feel mentally and physically better: "I enjoyed the walk. I wanted to do it again the next day. I was looking forward to it". She said she was feeling fit, and could see the changes physically. Marilyn likes the walking because she is outside; she "loves to be outside". In the spring, Marilyn said that she is always curious to see whose roses are out, what they look like, and that spurs her on to walking, and looking, and enjoying the whole situation. Marilyn believed that getting out every day from now until the coming winter will help her

cope with the difficult weather much more effectively for creating a routine. "I've got to make that a goal, so I can remain active outside during the winter."

During these last six months Marilyn encouraged herself to exercise by saying to herself: "You cannot blame having a car accident, you cannot blame other things for not being able to exercise. You have got to work around things - that is life, you have to make the changes".

Marilyn was very interested in discussions, newspapers, TV programs, magazines, community newspapers, brochure or newsletters that focused on health-related issues, including exercise. She knew that being overweight can be detrimental to health, and it worried her. Marilyn was planning to do yoga regularly as well, because it will help her get the stretching that she does not naturally do.

Physician

Marilyn's doctor also encouraged her to diet and exercise as part of her treatment for hypothyroidism (which may also be related to her weight gain).

Barriers for physical activity in the last six months

Motivation

After six months participating in the study, Marilyn was disappointed and frustrated with her lack of consistency in the activities she used before retiring. She admitted that she was still struggling to maintain her motivation and recognized that she did not exercise more often because it was not part of her lifestyle, and routine. Marilyn knows that all she needs is structure, such as establishing a regular exercise routine.

Togetherness

Although John and Marilyn insisted on doing things together, Marilyn admitted that John and she do go different ways fairly frequently in terms of preferences, and this can interfere with their getting together to walk or to exercise (barrier). Marilyn is a night person, and since she has retired, she has begun sleeping in later each morning. On the other hand, John is a morning person and he felt that she was losing her mornings by sleeping too much. He thought that if she would get up and walk, then they would be done with their exercise before something else interfered. Marilyn agreed with John and is trying to build an exercise routine in the mornings. Moreover, she admitted that John is a routinized person: "he likes routine more than me". The couple's concept of going together (walking) probably interferes in their physical activity to some degree. As Marilyn said, "We make the mistake perhaps of waiting to walk together rather than taking off on our own individually".

Weather

The weather is a factor to take into consideration when Marilyn thinks about exercise. "It is more difficult to get out in the winter".

<u>Positive influences</u>

Marilyn mentioned that John was a positive influence. For instance, she reported that when she was out in the yard working hard, trying to finish something, John waited for her or did whatever she suggested. He did not interfere by saying: "let's do this or that", or "don't finish your activity." Marilyn

thinks that John is a very positive and patient person who has a positive impact on the way she structures her activities.

Marilyn believed her participation in the study was a very positive influence on increasing her exercise behavior. She said, "You [the research assistant] have already helped me significantly; one of my main goals is to identify specific times each week on my calendar when I'm going to go for my walk, and I'm going to see if I can make that happen, and I am excited about the thought that I think I can, because I just didn't address it that way [before], but it's much more specific for me [now], and I think I can make that work."

Marilyn's self-talk

Marilyn said that her self-talk is generally negative, because she blamed herself for not doing what she knew she should have done. On other occasions, she perceived that her self-talk helped her to get out three or four days in a row because she has talked to herself and said: "The performance was really poor; I've gotta improve, and so I actually do."

Marilyn's list of priorities

In this interview Marilyn was asked to list her priorities in life in terms of the following activities: work, self-care, relaxing, socializing, eating, sleeping and exercise. Exercise remained in the last place on her list of priorities.

One year later…

March 2004

<u>Lessons learned about physical activity</u>

By the end of the one-year study, Marilyn recognized that she had gained a better understanding of the relationship between regular exercise and her body's response to it, and this had been a positive influence on her motivation to exercise. However, Marilyn admitted that in the last year it was still somewhat difficult for her to be as active as Health Canada suggested (30 to 60 minutes every day). She said that she also learned over the past year that she "must" have exercise as part of her daily routine. "Once it became a routine, and I did not even have to think about it anymore, then I kept saying it is part of my day. I think that is the key."

Another factor to maintain her motivation to exercise was the realization that she needed a plan to exercise as well as more specific goals, such as walking 7K per day, lose weight, etc. Marilyn knows she can walk regularly even in the wintertime at the mall for example.

Marilyn said that she benefited from participating in the study as she had learned ways to be more physically active. She reported that she felt good about "things", including physical activity, now that she was exercising regularly…"I think I've always known that my physical being is very related to how I feel about exercise, how I feel about things" and complemented with…"I've always been doing … wishing I would be healthy. That was my work. I think I've always consciously known the importance of fitness and the value of fitness. Even though I didn't know how to apply it to myself" (she laughed).

Physical activity Level

At the end of the 12-month study Marilyn's participation in vigorous physical activity and leisure-time activities was two or more times a week within the past 6 months. Looking at her summary of physical activity levels chart in the past year (Figure 2), Marilyn had periods ranging from Low to High levels of physical activity.

Figure 2. Marilyn's physical activity level chart

	Mar. (2003)	April	May	June	July	Aug	Sept.	Oct.	Nov.	Dec.	Jan.	Feb. (2004)
HIGH					*	*				*	*	*
MED		*	*	*			*	*	*			
LOW	*											
NIL												

At the beginning of the study (March 2003), her physical activity level was low. She reported that was when she was struggling to go out and walk. July and August (2003) were the most active months because, in the summer of 2003, she had her grandchildren over, and they kept her very physically active. In September, October and November her activity level went down. She said that it was because she was feeling tired from the busy summer and was disappointed in herself for not having the motivation to exercise. In November she broke her thumb during a recreation class at the university (body contact during a game); however, she kept up her fitness classes at the university until December. In January, and February (2004) Marilyn's physical activity level went up again

when she had the cast removed. At that point she got into a regular routine of walking 3 times a week.

Positive influences on physical activity

According to Marilyn what triggered her to become more physically active was a TV show, in which it was suggested that viewers put away money and pay yourself first. After listening to that, she realized that it was what she needed to do: "Pay yourself first with exercise". So, she went to her calendar and wrote down 3 times a week for walking. She pointed out that: "It was a turning point for me, and once I started doing that, then after about a month, I didn't have to think about it. Looking at my calendar for the next day, wondering… It is just automatic go walking in the mall now". Exercise became part of Marilyn's daily routine. She said that the idea of investing in yourself was the trigger for her. She was confident in saying, "We don't even think about it. It is today, it's the time we go. It is so unique, I actually can say I sort of sense with my body like I am ready to go... I want to go!"

Perceived changes in physical activity

Marilyn said she did not feel as tired as she used to. Now she can go home and carry on other activities after walking. Marilyn is enjoying the daily walk… "It makes me feel more energized". She feels better about herself by starting her day "right", with exercise and said that it helped her to accomplish more in the day. In addition, Marilyn not only lost some weight, but also felt improvement in her posture and strength in her abdomen muscles and her legs.

When asked about her success story, Marilyn did not hesitate to mention the "pay back yourself " concept. Not exercising was a problem she was passing on in her mind and this " trigger" helped her, as she said: "put it where it needed to be to solve the problem".

A disappointing time for Marilyn was when she fractured her thumb. She said that: "it made me think about exercising a lot when I couldn't do it. "Therefore, she realized that she was not totally using this situation as an excuse, as she really wanted to exercise. Marilyn's broken thumb was not a big barrier for her to exercise because she could still walk.

Changes in life disruptions

In previous interviews, Marilyn said that many other things used to come ahead of physical activity, such as housework and family issues. She allowed these activities to put her exercise to the end of the day or even out of her schedule. Now she is putting her exercise activities at the start of the day. As she said, "exercise time is the time that is not for me to have other commitments". She does not book anything else for this time, and she said it works "just fine". Marilyn's physical limitations due to her thumb have almost passed, but she still finds it difficult to do some activities, as she does not feel her thumb is strong enough to handle any heavy weight.

Support for physical activity in the past year

Marilyn pointed to herself, and John, as they enjoy doing exercise together. She believed that they are in the same boat, since weight loss will benefit both (John is overweight and has high cholesterol). She was worried about

John's health. She told him: "I am going to put that down [exercise on her calendar] and I wake up and go to do it. He never questioned that. He always goes to the all…[activities]". She also pointed out that: "before the walk we don't talk, but I don't think we're dragging one another [to exercise]".

Self-talk

At the beginning of the study Marilyn reported that her inner voice strongly motivated her for physical activity by telling her what to do. Now, one year later, she does not listen to her thoughts as she is highly motivated for physical activity without having to rely upon her self-talk. While, her self-talk helped her to begin her exercise program, just having to write down her self-talk and thoughts (in the logbook) helped to organize in her mind what she was doing. She said that initially she could be quite conceptual about it, but she was not really applying it to her daily life. She said that it was just "sort of on the brain".

Marilyn's accomplishments

"After a walk I could be quite tired and sweaty. We have always walked, ok? But this is a different kind of walk, yeah. In fact we have met friends there who said: "Why are you doing that like you're racing (laughs). We are not racing, we are pushing ourselves further and further in the sense of making challenge a good, healthy walk. We're pushing. Now we are not just walking until where we usually walk, and come home, or we walk until we are starting to feel tired. Now we walk until we are tired, and we walk further. We walk a little bit more."

Plans for physical activity together - The couple

Marilyn and John have looked for other kinds of activities such as yoga. They borrowed videos from the public library for further information. They are now thinking about adding yoga to their schedule on Tuesdays and Thursdays, and including stretching exercises after walking. Marilyn reinforced that walking is the main activity for them.

Chapter V: Discussion

Couple's story

John's and Marilyn's stories as well as their participation in this study over the year provided a rich data source for this study. Three main themes emerged from John's and Marilyn's narratives, which illustrate their challenges to become more physically active, and to accommodate physical activity as part of their daily routine as individuals, as a couple and as members of a large family.

Complex Social Dynamics

John's and Marilyn's partnership to exercise together in their retirement was a strong point in their relationship, although their history of physical activity as individuals is very different since their childhood. For instance, John had always been involved in sports at a high level of performance. On the other hand, Marilyn considered herself active as a typical child by doing a lot of walking with her parents, skating, or biking, but she was never on anything other than school teams. Marilyn leaned more toward artistic activities when she was a teenager (i.e., music). During their years in the labor force, John and Marilyn were more limited by their work schedules and family activities, which did not include much leisure activity or sports participation on a daily basis. After retiring both of them noticed that their levels of physical activity diminished considerably, even though they only had a few hours a week as volunteers or with family responsibilities. Marilyn admitted that she used to have a lot more drive, a lot of intensity to accomplish her daily responsibilities, and somehow she does not have that same

drive anymore…"now I take the whole day to do that job." She felt that it seemed more like a "lack of need to". Therefore, her motivation diminished.

Low levels of physical activity started to affect John's and Marilyn's health and well-being in a way that they started feeling uncomfortable with themselves (i.e., weight gain, of heart diseases, diabetes, etc). John and Marilyn decided to engage in a more active lifestyle by including more exercise in their daily routine, starting with walking. As they began spending most of their time together since they retired, the couple also wanted to exercise together. They considered their time availability and goals very similar in relation to physical activity (i.e., weight loss and increased well-being). However, they admitted that one of their big challenges was being more physically active to accommodate their differences in activity preferences, and also in personality. For instance, John reported at the beginning of the study that he was a morning person while Marilyn was a night person and liked to stay in bed until late in the morning. This situation had caused some difficulty for them to determine a schedule or a plan to start exercising together. Marilyn is the one who made the decisions, so the situation changed when Marilyn decided to do what John has suggested: Wake up early and put exercise as the first thing in the day. Otherwise, she would keep herself (and John) busy with other activities, such as housework, family support (ill brother), putting exercise to the end of the day, when she was too tired for physical activity. Therefore, John provided encouragement, while Marilyn provided the leadership "… Marilyn is my self-talk", John says. Marilyn says: "He encourages me … he is very positive".

They also talked about their own interests, activities and needs: "…that's what I need to do, pay myself first with my exercising"(Marilyn). John too, was taking personal responsibility for doing independent activities such as bike riding. At the one-year mark, the couple considered the possibility to participate in physical activity separately, but there is still strong support for each other to engage and keep up an active lifestyle as partners. "We tend to do things together. I think it influences decisions in the sense we try to agree on an activity and doing it together" (John). "I think I would do it by myself, but we enjoy doing it together, and I think it is very good" (Marilyn). Therefore, they are happy to wait for each other to exercise, even when it delays exercise because the partnership seems to be a priority in their relationship.

Diminished Negotiation

Initially, the couple used to discuss the timing of the daily walk… " We are kind of waiting for a match to occur and say: " fine, let's go now" (John), but as they became accustomed to the regular routine, they used more subtle communications through signs and gestures that acted as cues to say "let's go now." Marilyn admits that having a calendar was key, "We don't even think about it (walking). It is today, it's the time, we go, it is so unique. I actually can say I sort of sense with my body like I am ready to go… I want to go!" Once walking became part of their daily routine, even the subtle communication disappeared as a structured schedule took place as their driver for daily active living. Therefore, negotiation is silent or even unnecessary. Marilyn believes they are both on the

same page in terms of their objectives for exercising (weight loss, fitness, well-being).

According to the literature, the process of negotiating takes place when there are two parties involved in a situation where the parties have different points of view, but similar interests. Thus, a variety of external and internal factors play a role in shaping the negotiation, in special interpersonal relationships (Zartman & Berman, 1982). Although John and Marilyn do not have always the same point of view and habits (e.g., John is morning person and like sports; Marilyn is a night person and likes artistic activities – music, singing). They respect each other's differences to the extent that it helps them in accommodating their physical activities in a way where both can achieve their goal of a more active lifestyle (i.e., fitness, weight loss, and well-being).

Overcoming Life Disruptions

Initially, external factors (extrinsic motivation) seemed to be the main facilitators as well as the constraints for getting the couple into or out of physical activity. For instance, Marilyn's health (broken thumb) limited her participation in certain exercises for weight training her upper body (a barrier). On the other hand, it was when she realized that even this physical limitation was not an excuse for not exercising. Family events, such as grandchildren's visits are stimulators for increasing the couple's physical activity levels. For instance, when John and Marilyn's grandchildren come to visit them, they go together for sleigh riding, swimming and other activities that keep them very physically active. Conversely,

a relative's (brother) health problem kept John and Marilyn away from exercising, as they had most of their committed most of their time to helping him with his treatment (time barrier). These disruptions are part of most people's lives and suggest that, for this couple, these kinds of disruptions were setbacks until they established physical activity as a priority in their daily routine. "I put it [physical activity] at the end of my day and think I thought it has been less important than helping my brother … helping my kids, babysitting my grandchildren, something else" … But now I know that I just put my calendar around it" (Marilyn). In this way, external influences played less of a role as John and Marilyn planned and scheduled for activity everyday.

Conclusions and Implications for Research and Practice

The findings of this study are aligned with the evidence in the literature review and have implications for further research and practice in health promotion. These findings show that:

- Negotiating physical activity in the daily life of retired spouses takes different and complex forms; such as verbal and subtle non-verbal negotiations that reflect the dynamic of the couple in terms of leadership and spousal support. Similar findings were shown in Zartman and Berman's (1982) investigation into the dynamics of negotiation.

- The main strategies used by this couple to increase their level of physical activity included spousal support, a shared exercise plan with similar goals, and a convenient schedule for both of the individuals. These strategies provided

structure and encouragement for the couple to follow an exercise program. Previous studies have shown that spousal support (O'Brien Cousins, 1995; Chogahara, 1998; Satariano, Rankin-Esquer, Deeter, Froelicher, & Taylor, 2000; Haight & Tager, 2002; Hong et al.) and shared lifestyle behaviour (Wilson, 2002) play an important role in a senior's likelihood to engage in physical activity.

- Different schedule preferences, health problems, and commitments with relatives were the main life disruptions that delayed the couple's plans to increase physical activity in their daily lives. Theories, such as Social Cognitive Theory (Bandura, 1989) illustrate the influence of larger social forces in individuals' behavior change, as the individual and his/her social and physical environment in constantly interact, which may effect changes in exercise behavior.

- In line with cited studies on spousal influences on physical activity, more research is needed to better understand the negotiation process for active living among spouses. Future research needs to consider couple dynamics and the social context that may facilitate or constrain their plans to pursue more active lifestyles. Further research will provide valuable information for health promotion strategies that involve spousal relationships and active living in later life.

Limitations of the study

The couple study was subjected to certain limitations that may constrain the interpretations made from this study. Because the couple study was leveraging on data collection techniques designed for the larger SCBOAPA study; the data was not specifically tailored to supporting the findings that were to be drawn

about couple negotiation. The focus of the data collection within the SCBOAPA study was on self-referent thinking; therefore, a large set of the data collected did not address spousal interactions in the negotiation for physical activity. This limited the appropriateness of the data sources for triangulating the couples' stories. Challenges were also experienced because the couple study was, at times, overshadowed by the focus that had been placed on the SCBOAPA study. The SCBOAPA study was substantially advanced in its processes by the time the couple study was initiated, resulting in the reduced emphasis on the importance of the smaller research undertaking.

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APPENDIX A

INTERVIEW GUIDE FOR OLDER ADULTS

1-Initial Interview –Mar 2003

1- What is your year of birth?

2- Where were you born?

3- Predominantly rural or urban life?

4- … level of education?

5- Marital status?

6- … children?

7- … currently employed?

8- How would you describe yourself with regard to exercise?

9- How often did you participate in work-time vigorous physical activities long enough to get sweaty within the past 6 months?

10- How often did you participate in leisure-time physical activities long enough to get sweaty within the past 6 months?

11- How has physical activity changed for you over the years?

12- Are there things, and this is a related question, things in your daily life that have encouraged you to reduce your activity as you get older?

13- Are there things in your daily life that have encouraged you to maintain or actually *increase* your daily activity?

14- What kinds of activities did you do when you were younger, maybe ten years old?

15- How have your activities changed over the years?

16- Over your life, what negative experiences have you had with physical activity, if any, and who may have negatively influenced you about being active?

17- Is there anyone else who's influenced you along the way, whether it's spouse or family members, neighbors or physician, *anyone*?

18- On what occasions have you noticed your inner voice talking to you?

19- Well, the study, as you know, is about self-talk in physical activity settings or within the context of physical activity. Can you recall a specific moment or time of being physically active, where your self-talk is still memorable to you now? So this is while you're engaged in the activity.

20- the goal of this study is to catch your self-talk at specific moments in time. If I ask you to go on a five-mile walk with me right now, what are you thinking?

21- If the research team suggested that you needed more flexibility activities and suggested that you take up yoga twice a week, what's your inner voice saying as a reaction to that?

22- The last question is actually relating to the self-talk that you would hear right now. Suppose that you would be participating in a progressive strength training program over the next coming weeks. What self-talk do you have about that?

2-Six-Months Interview Guide – Sept. 2003

1-How would you describe yourself at 6 months with regard to exercise?

2-How often … work-time … sweaty … past 6 months?

3-How often … leisure-time … sweaty … past 6 months?

4-Your original goals were to …

5-Since the study started … physical activity changed for you … past 6 months?

(…goals been met?)

6- How satisfied … lifestyle … past 6 months?

7-List life priorities:

1 Sleeping

2 Eating

3 Self-care (bathing, grooming)

4 Relaxing (reading, TV)

5 Working

6 Exercising

7 Socializing (family, friends)

8-If … couldn't fit all these … what would you likely get sacrificed and why?

9-In the past 6 month what things would help you to be physically active?

…incentives …to increase your motivation?

10 – When most successful at following through … why…?

11 - Has *Health Canada's Physical Activity Guide* helped you …?

12 - What about "Your First Move" flexibility poster?

13 - Anything else (resources, public health messages)?

14-WHO has helped … past 6 months?

15 - WHAT … barriers … past 6 months?

16-What things … undermined keeping active …?

17-Do you have new goals for the next 6 months?

18-How easy is it for you to listen to your thinking or inner voice?

19-On what occasions have you noticed … thoughts … decisions … activity? (Day before … close to time …?)

20-Would you say … self-talk about … activity … positive or negative?

21-How would you describe the content (words) of your self-talk?

22-Can you think of an example of self-talk … it sounds like?

23-Do you consciously self-talk, e.g.,, use … motivating tool for or during … activity?

24-How easy … record self-talk … log book?

25-Any better ideas … capture … thinking about exercise for this project?

26-Do you feel optimistic … keep going on this project for another 6 months?

27-How can we help you achieve your goals in the next 6 months?

3-Final Interview Guide- March 2004

Congratulations and thank you for completing the year-long Motivation for Exercise study! Our goal was to monitor how people may talk themselves into and out of an active lifestyle. Thus we have been attending to individual motivation for physical activity among people aged 55 and older. We start this final meeting with some written questions. First, please take a pen and circle the answer that best describes you.

1. In the past year, how difficult has it been for you to be as active as Health Canada suggests (30 to 60 minutes every day)?

a) impossible

b) very difficult

c) somewhat difficult

d) not at all difficult

2. Looking back over the past year, what would you say you have learned, if anything, about yourself with regard to motivation for physical activity?

3. What DO you do now that you didn't do before?

4. What CAN you do that you couldn't before?

5. Are you still looking for motivation? If so, what does motivation for active living look like? If you were shopping for motivation, what would you be looking for?

6. Review your main goals from the first interview last year. A year or so ago, you had these 3 goals:

7. Place a check mark beside any goals (above) that have been achieved since the start of the study. For each achieved or non-achieved goal, what is the main explanation for this outcome?

8. What benefits, if any, did this study bring to you?

- Had an opportunity to get some free advice and encouragement to consider becoming more physically active over the past 12 months.
- Experience a sense of wellness as result of increased participation in regular activity.
- Learned ways to be more physically active
- Enjoyed the opportunity to meet people
- Personal satisfaction in helping researchers understand motivation better
- Felt supported for a behaviour change that gave me a sense of achievement

- NO benefits that I can think of…
- Other benefits such as_____

9. Risks: In joining this study, did you ever experience…? Check all that apply:
   - Feelings of failure or frustration if you did not accomplish your personal goals for physical activity
   - The inconvenience of being monitored by telephone
   - Fatigue with the work of keeping a log of things done and said to myself
   - Embarrassment at having to report my thinking at various points along the way
   - Lack of support and encouragement from other people near me
   - Impatience with the significant investment of time spent
   - Other risks? Please describe…I do not sense any risk that need documentation

10. Which statement best describes your activity patterns at this time? (STAGE)

1-I currently do not exercise and do not intend to start exercising in the next six months

2-I currently do not exercise but I am thinking about starting to exercise in the next 6 months

3-I currently exercise some, but not regularly

4-I currently exercise regularly but I have only begun doing so in the past 6 months

5-I currently exercise regularly and I have done so for longer than six months

6-I was active in the past 6 months, but I am not regularly active now.

11. With regard to work-time physical activity, how long did you participate in work physical activity long enough to get sweaty with the past 6 months? (SWEATY-L)

1-Not at all

2-Less than once a month

3-About once a month

4-About 2 or 3 times a month

5-About once a week

6-Two or more times a week

12. With regard to leisure-time physical activity, how long did you participate in leisure-time activities long enough to get sweaty within the past 6 months (SWEATY-L)

1-Not at all

2-Less than once a month

3-About once a month

4-About 2 or 3 times a month

5-About once a week

6-Two or more times a week

13. Next, we will do a recall of specific activity for the past week.

We have done this before…we get a kilocalorie estimate of energy spent on work and leisure time physical activity. Let's start with how many minutes you spent on physical activities yesterday, which was (Tuesday, etc)

[fill out two page form]

Tape recorder on:

Next we are going to draw out a monthly chart of your physical activity level in the past year. (Get chart). Then we are going to mark in the highs and lows of your activity patterns and tape record the stories behind those highs and lows. " High" equates to being active in your leisure-time 30-60 minutes almost everyday that month. " Medium" equates to being active 30-60 minutes almost in your leisure-time for 3 or 4 days a week that month OR active almost everyday for less than 30 minutes; and "Low" equates to some activity during the month, but not long enough or frequent enough. " Nil" means no activity worth reporting.

2003 2004 2003

	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	Aug
HIGH												
MED												
LOW												
NIL												

Start with your most active months, and mark a dot at the high level under those months.

What were our least active month? Mark them with a dot at the appropriate level.

Link your dots together once you have estimated the level of activity at each month. Any thoughts about what the chart means to you?

Open-ended questions

1. Overall, looking back on the year, what happened to you with regard to having an active lifestyle? How is your life now compared to 12 months ago?
2. What was your best success story with regard to physical activity? Was success dependent on uncontrolled life circumstances (chance life events) or your own motivation and control?
3. What was, or was there a most disappointing time for being active? What is the story behind that disappointment? Was failure dependent on uncontrolled life circumstances or your own motivation and control?
4. If you did manage to increase your physical activity in the past 12 months, what in your mind, was most helpful to this lifestyle change? If you didn't manage to become as active as you had hoped, what barriers come to mind that undermined your intentions?
5. What happens to the rest of your day if you DO take part in 30 to 60 minutes of some physical activity? Do you have to rest afterward, do you carry on your day as normal, or do you tend to do more things that are physical?
6. Would you say that increasing physical activity has made you more productive or less productive as a member of society? Examples?
7. Would you say that when you are NOT physically active, you have more time and energy to do other things for yourself or others? (i.e., chores, babysitting, volunteering, helping others), or are you more energetic or

motivated to keep moving once you have enjoyed some activity you chose to do?

8. Have you noticed any functional changes in the past year for better or worse? Are these changes linked to your activity or lack thereof? What is the cause of what?
9. If there is a " secret" to being a motivated, physically active person in your older years, what do you think it might be?
10. Who has been your support for activity in the past 12 months?
11. Who or what is most responsible for undermining your activity goals in the past 12 months? Explain?
12. (Self-talk) With regard to recognizing your inner voice for physical activity, which best describe you?

( ) I have no inner voice or thinking that I recognize consciously* (it was his first choice and then changed)

( ) I am conscious of some self-talk, but they are just thoughts that have no purpose

( ) I am aware of things I say to myself, and they are often negative or unhelpful

( ) I am aware of things I say to myself, and they usually help me make a decision

( ) My inner voice strongly motivates me for physical activity and tells me what to do

( ) I don't listen to my thoughts as I am motivated for physical activity without self-talk

( ) I don't listen to my thoughts as I am afraid I will talk myself out of my activity plans.

13. What else on self-talk?

Questions?

Any other about this study?

APPENDIX B

FINAL QUESTIONS

Feb-2005

John/Marilyn, if you do not mind, I have some open written questions for you that would contribute significantly to my work. Please, feel free to not answer those you do not want to. Your responses would help greatly the final conclusions, which I will show you soon.

I really appreciate your help!

Sincerely

Marcia Oliveira

Open Questions:

1- Why do you think exercise is important?

2- Why is "exercise" good for you?

3- What would be your favorite physical activity if you were on your own?

4- What "good" is walking?

5- Why do you think it's important to do physical activity with your wife/husband after you retire?

6- What were your physical activities before retirement?

7- What is the trigger or switch for physical activity?

8- Would you be more motivated to be active if physical activity:

( ) Cut risks for heart disease in half? Yes!

( ) Prevents cancer? Has this been proven to be true? If so Yes!

( ) Help you enjoy life more? Yes.

UNIVERSITY OF ALBERTA

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APPENDIX C

Informed Consent Form

Study Title: Social and Cognitive Barriers to Older Adult Physical Activity

Principal investigator and phone number(s):	Co-investigator(s) and phone number(s):
Sandy O'Brien Cousins, Ed.D. Professor, Exercise Gerontology (780) 492-8507	Sheree Kwong See, Ph.D. Assistant Professor, Psychology (780) 492-5197

1. Do you understand that you have been asked to participate in a research study?
   Yes No
2. Have you read and received a copy of the attached information sheet?
   Yes No
3. Do you understand the benefits and risks involved in taking part in this research study?
   Yes No
4. Have you had an opportunity to ask questions and discuss this study?
   Yes No
5. Do you understand that you are free to refuse to participate, or to withdraw from the study at any time, without consequence, and that your information will be withdrawn at your request?
   Yes No
6. Has the issue of confidentiality been explained to you? Do you understand who will have access to your information?
   Yes No

This study was explained to me by: _____

I agree to take part in this study.

_____ _____ _____
Signature of Research Participant Date Witness

_____ _____
Printed name Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

_____ _____
Signature of Investigator Date

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